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INFORMATIONAL LETTER #2000-01

DATE: March 1, 2000

TO: ALL IDAHO NURSING FACILITIES

FROM: Loretta Todd, R.N., Interim Chief
Bureau of Facility Standards

SUBJECT: FAX NOTIFICATION OF PHYSICIANS

During the last few years we have noticed increased use of electronic communication (fax) with physicians. A number of survey concerns have arisen relating to this practice; i.e, faxing notification on Saturday of the acute onset of hip pain following a fall, faxing the answering service at 2:00 am with signs and symptoms of sepsis.

We would like to review the requirement of physician notification at CFR §483.10(b)(11), F157.

F157 requires that "A facility must immediately inform the resident; **consult** with the resident's **physician**; ... when there is:

An accident involving the resident which results in injury and has the potential for requiring physician intervention;

A significant change in the resident's physical, mental or psychosocial status;

A need to alter treatment significantly."

1. Is a fax considered to meet the requirement for immediately consulting with the physician?

Answer: Not necessarily.

2. Is it appropriate to assume that if the physician does not respond to the fax, the facility has met their obligation of consulting with the physician and no further action is needed?

Answer: No. Unless the physician responds to the fax immediately, there is no way to ensure that the physician is in the office and/or that he/she received the fax. There is no assurance that the fax was received unless the office is contacted to confirm the fax was received and relayed to the physician.

The Department's position is that an unconfirmed fax will not be considered physician notification until such time as the physician makes return contact to the facility. In other words, if the physician does not respond to the fax, the Department will not assume that the physician received the fax and choose not to answer it. Instead the Department will consider this a finding of noncompliance with F157.

If a physician does not respond to notification attempts, whether by fax or phone, it is the facility's responsibility to make follow-up contact to ensure that the resident does receive needed medical intervention (F157, F385, and F389). At times it may be necessary to consult with the medical director or transport the resident to the emergency room if physician notification attempts are not successful.

3. When can the facility use fax notification of the physician and not confirm that the fax was received by the physician?

Answer: Only under circumstances that would not meet the criteria given in F157 above. One example would be faxing normal results of lab tests.

The use of electronic communication with physicians can be a beneficial tool in providing quality care to residents. However over-dependence on this convenient form of physician notification, without appropriate follow up, can result in noncompliance and poor outcomes to residents. Please review your policy and procedures and review them with your staff to ensure physicians are appropriately notified.

If you have any question, please contact Debby Ransom, R.N., A.R.T., Co-Supervisor, or Jack Weinberg, R.N., Interim Co-Supervisor of our Long Term Care Unit at (208) 334-6626.

LORETTA TODD, R.N., Interim Chief
Bureau of Facility Standards

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cc: Idaho Health Care Association

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